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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

- None - *JB*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

- None - *JB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/17/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>JB</i> Initials	STATE OR COUNTRY VA	SHEETS DRAWING 1	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
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## ADDRESS

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## TITLE

High strength impact resistant hand protector

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